



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

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M E M O R A N D U M

Date: August 8, 2019

TO: All MCFRS ALS Clinicians

FROM: Roger M. Stone, M.D., M.S., FACEP FAAEM FAEMS
MCFRS Medical Director

RE: Use of Continuous ETCO2 monitoring in intubated patients

The Maryland Medical Protocol requires the use of End Tidal CO2 (ETCO2 - capnography) as a means for confirming an endotracheal tube is correctly placed.

Although not specified in the MMP, **the use of continuous waveform capnography for all intubated patients is a best medical practice for the ALS clinician**

In the intubated patient, absence of an ETCO2 reading and/or waveform *at any time* should be an immediate cause for rapid attention and action.

- Start by assuming location of the endotracheal tube is the problem until proven otherwise
- Rapid troubleshooting may include suctioning, filterline replacement, revisualization via DL or other actions based on provider judgment, but;
- **If unable to quickly reestablish ETCO2 values, it is best practice to extubate and ventilate via bag valve mask** rather than continuing to attempt ventilation through an unverified tube

My systemwide goal for unrecognized misplaced endotracheal tubes, either by improper initial placement or by dislodgement after intubation is absolute zero.

Thank you for being a critical element of our very high performance EMIHS system. Feel free to reach out to me, the Quality Officers or EMSDOs with any questions.

Emergency Medical and Integrative Health Services – Office of Medical Oversight

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Serving with dedication, courage and compassion